

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 3		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MR Sharon FIRST MI E.		Date Received 2015 JUL 17 PM 4 01 AUSTIN CITY CLERK RECEIVED		
	NICKNAME LAST SUFFIX mays				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked		
			Receipt # Amount \$		
5 ORIGINAL PERIOD COVERED	Month Day Year 01 / 01 / 15 THROUGH 06 / 30 / 15		Date Processed		
			Date Imaged		

6 EXPLANATION OF CORRECTION

Updating "REPORT TYPE" to include July 15 report in addition to Final Report.

7 AFFIDAVIT

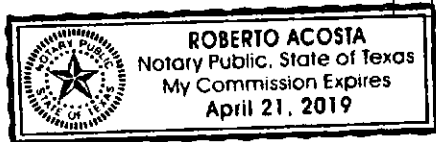
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Sharon E Mays
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **SHARON E MAYS**, this the **17th** day of **JULY**, 20 **15**, to certify which, witness my hand and seal of office.

Roberto Acosta
Signature of officer administering oath

ROBERTO ACOSTA
Printed name of officer administering oath

NOTARY
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 24px; text-align: center;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="font-size: 24px; text-align: center;">Sharon E.</div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="font-size: 24px; text-align: center;">Mays</div>		<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> AUSTIN CITY CLERK RECEIVED 2015 JUL 17 PM 4 05 </div> <div style="text-align: right;"> Date Received Date Hand-delivered or Date Postmarked </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Receipt # Date Processed Date Imaged </div> <div> Amount \$ </div> </div> </div>
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="font-size: 24px;">9629 Corey Ridge Ln Austin, TX 78758</div>			
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-size: 24px;">(512) 981-5254</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="font-size: 24px; text-align: center;">Trina</div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="font-size: 24px; text-align: center;">Regalado</div>		<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> AUSTIN CITY CLERK RECEIVED 2015 JUL 17 PM 4 05 </div> <div style="text-align: right;"> Date Received Date Hand-delivered or Date Postmarked </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Receipt # Date Processed Date Imaged </div> <div> Amount \$ </div> </div> </div>
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		
7 CAMPAIGN TREASURER ADDRESS <div style="font-size: 24px;">8802 Brookfield Dr. Austin, TX 78758</div>			
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-size: 24px;">(213) 864-0103</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> January 15 </div> <div style="width: 50%;"> <input type="checkbox"/> 30th day before election </div> <div style="width: 50%;"> <input type="checkbox"/> Runoff </div> <div style="width: 50%;"> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> July 15 </div> <div style="width: 50%;"> <input type="checkbox"/> 8th day before election </div> <div style="width: 50%;"> <input type="checkbox"/> Exceeded \$500 limit </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 01 / 01 / 15 </div> <div>THROUGH</div> <div> Month Day Year 06 / 30 / 15 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 04 / 14 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) </div> <div> 13 OFFICE SOUGHT (if known) <div style="font-size: 24px;">Austin City Council District 4</div> </div> </div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sharon E. Mays 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

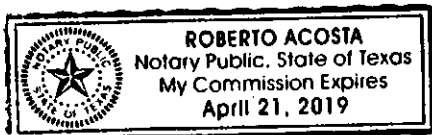
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,100.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sharon E. Mays
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SHARON E. MAYS, this the 17th day of JULY, 20 15, to certify which, witness my hand and seal of office.

Roberto Acosta
Signature of officer administering oath

ROBERTO ACOSTA
Printed name of officer administering oath

NOTARY
Title of officer administering oath